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Please type a plus sign (+) inside this box → **+****TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/998,573
Filing Date	November 16, 2001
First Named Inventor	Qazi et al.
Group Art Unit	1645
Examiner Name	To Be Assigned
Attorney Docket Number	A34802 066123.0111

Total Number of Pages in This Submission 29

**ENCLOSURES (check all that apply)**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br>Copy of Notice to Rile Corrected<br>Application Papers; and<br>Return Receipt Postcard |
|---|--|---|

Remarks



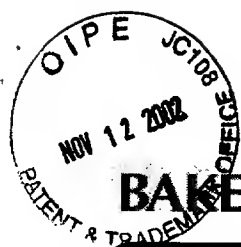
Three sets (8 sheets each) of Color Formal Drawings are enclosed herewith in one wrapped bundle.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	<i>Tara E. Agnew</i> Att Name: Tara E. Agnew PTO Reg: 50,589
Date	November 8, 2002

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **November 8, 2002**

Typed or printed name	Tara E. Agnew
Signature	<i>Tara E. Agnew</i> Date: November 8, 2002

**BAKER BOTTS LLP**

A7

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 400

Complete if Known

Application Number	09/998,573
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**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

02-4377

Deposit  
Account  
Name

Baker Botts LLP

- ☒ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status.  
See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money  
Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid	
20**	= 0	X	= 0	
Independent Claims	3**	= 0	X	= 0
Multiple Dependent				

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent claim, if not paid
84	42	** Reissue independent claims over original patent
18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	400
920	460	Extension for reply within third month	
1,440	720	Extension for reply within fourth month	
1,960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,280	640	Petition to revive - unintentional	
1,280	640	Utility issue fee (or reissue)	
460	230	Design issue fee	
620	310	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Information Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
740	370	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 400

**SUBMITTED BY**

Name (Print/Type)	Tara E. Agnew	Registration No. (Attorney/Agent)	50,589	Telephone	(212) 408-2500
Signature	<i>Tara E. Agnew</i>	Date	November 8, 2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

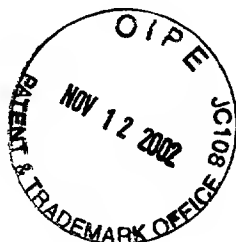


## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/998,573	11/16/2001	Ghulam Nabi Qazi	A34802-066123.0111

BAKER BOTTS L.L.P.  
44TH FLOOR  
30 ROCKEFELLER PLAZA  
NEW YORK, NY 10112-0228



CONFIRMATION NO. 7857  
FORMALITIES LETTER



\*OC000000008421333\*

Date Mailed: 07/09/2002

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

*Filing Date Granted*

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
  - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);
  - drawings have a line quality that is too light to be reproduced (weight of all lines and letters must be heavy enough to permit adequate reproduction) or text that is illegible (reference characters, sheet numbers, and view numbers must be plain and legible) see 37 CFR 1.84(l) and (p)(1);

*A copy of this notice **MUST** be returned with the reply.*

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*T. Kelly*

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE